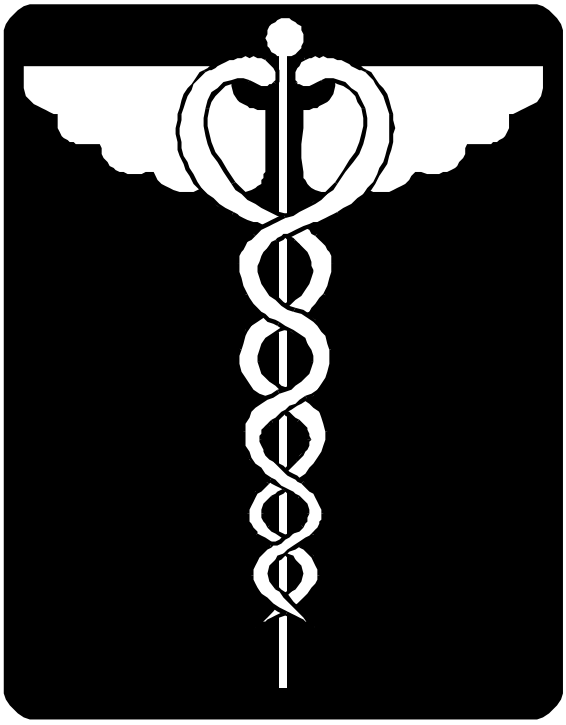
2004 Statewide Medical & Health Disaster Exercise

Auxiliary Communications Systems EXERCISE GUIDEBOOK

State of California
Emergency Medical Services Authority



NOVEMBER 18, 2004

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
Auxiliary Communication Systems Guidebook
November 18, 2004

Executive Summary

Dear Exercise Participant:

It is time again for the Statewide Medical & Health Disaster Exercise! This is California's sixth annual exercise incorporating hospitals and other healthcare providers, including long-term care facilities and clinics, pre-hospital care providers, auxiliary communication networks, blood banks, local public health and other local and regional governmental agencies.

This guidebook is constructed to assist the planning and exercising of the auxiliary communication systems (ACS) providers in each Operational Area. ACS providers are encouraged to contact the healthcare facilities that receive ACS support during disasters and request to activate the communication system during the exercise. In addition, the State will be operating ACS sites during the exercise for communications between the region and the state.

The last few years, the exercise has focused on "man-made" disasters that confront emergency managers and the healthcare community. In 2003, the exercise focus was a biological terrorism event involving *Yersinia pestis,* or plague. This year, the Exercise Planning Committee has designed the scenario to build on the issues and challenges that would confront the State should a biological terrorism event occur in California, focusing on surge capacity, scarce resources (ventilators, staff, and inpatient beds), laboratory specimen processing, security and infection control. This exercise meets the requirements of the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) grant requirements to conduct bioterrorism exercises.

The Operational Area (county) Exercise Contact is your point of contact for planning, questions and organization for the exercise. We encourage you to contact the Operational Area Exercise Contact early in the planning process to assist you in the execution of the 2004 exercise. Please see the Exercise Guidebook on page 44 for the listing of Exercise Contacts.

Important Timelines and Deadlines

August 27, 2004	Deadline to fax Intent to Participate Form (page 12) to the Operational Area Medical/Health Exercise Contact (see list of contacts **on** page 27).
September 10, 2004	Deadline for Operational Area Exercise Contacts to fax the OA Intent to Participate Form to the Regional Disaster Medical/Health Specialist (See Exercise Contact Toolkit)
November 18, 2004	**The exercise will be conducted from 8:00 am until 12:00 pm.**
December 10, 2004	Deadline to complete and mail the ACS Master Answer Sheet (page 19) to the California Emergency Medical Services Authority (see address on form) to receive a participation certificate.

Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!

State of California
Emergency Medical Services Authority
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EXERCISE OBJECTIVES

Auxiliary Communications Systems (ACS) Objectives

*Note: For a complete listing of Exercise Objectives for exercise participants, please see the Exercise Guidebook, page 2.

Objective I: (Pre-Exercise)

Coordinate with local auxiliary communications radio operators on frequencies, protocols and forms used during an exercise/actual event.

Objective II:

Test regional/statewide Auxiliary Communication Systems (ACS) and redundant communications in coordination with local amateur radio operators, using established frequencies, protocols and data collection/reporting forms.

Objective III:

Pass two-way communication messages between state, regional and operational area providers.

EXERCISE DAY SCENARIO
8:00 A.M. until 12:00 P.M.

5:00 am Background Scenario

Last night was the Thanksgiving Jubilee, held every year, bringing the community members and large numbers of tourists into town for the celebrations. Hotels, shops and restaurants are usually very busy during the Jubilee and last night was no exception. Everyone was very glad that no incidents or problems occurred during the celebrations, especially law enforcement.

At 5:00 am this morning, Jane, a 47-year-old female, is admitted to the emergency department (ED) complaining of a sudden onset of dizziness, blurred vision, slurred speech, difficulty swallowing, and nausea. She insists that she must be having a stroke, because these are the same symptoms that her father had during his recent stroke. She is very afraid and anxious. During the physical examination, the findings included ptosis, extraocular palsies, facial paralysis and impaired gag reflex. Jane is admitted to the ICU with rule-out CVA.

Over the next hour, the ED received ten more patients with a variety of symptoms from a sore throat to cough and weakness. One child (age 8) requires immediate intubation and mechanical ventilation. The patients presenting with non-acute symptoms are evaluated by the physicians and discharged to home with home care instructions.

Meanwhile in the ICU, Jane develops descending neuroparalysis and is intubated and placed on mechanical ventilation. The critical care and Infectious Disease (ID) physicians suspect a diagnosis of botulism and suspect the transmission as foodborne. Jane's family reported that Jane and her friends attended the Thanksgiving Jubilee last night and ate in the local restaurant. The ID physician happens to call the ED physician to update him on Jane's case, and the ED physician then realizes that many of the patients currently in the ED, and perhaps some that have been discharged, may have ingested botulinum toxin since many of the patients reported having attended the Jubilee. Upon interview of the ED patients, they all report eating out for dinner at restaurants last night, however, they report eating in different venues in the town.

- ☐ **What is your system for identification of trends or clusters of like symptoms?**
- ☐ **What is your hospital procedure for notifying the ED and other pertinent departments of a *probable* diagnosis of botulism?**
- ☐ **What role does your infection control department have in a botulinum event?**
- ☐ **When and how does your hospital send specimens to the Public Health lab, or work with the lab for diagnosis confirmation?**
- ☐ **How would your hospital test and process specimens for a suspected case of botulinum?**

Because of the potential severity of disease and the possibility for exposure of many persons to contaminated products, the physicians know that foodborne botulism, caused by *Clostridium botulinum* (*C. botulinum*), is a potential public health emergency that requires rapid investigation. He contacts the local public health department to report the case and obtain botulism antitoxin for Jane.

- ☐ **What is your hospital policy/procedure for notifying local public health?**

7:30 am

Local public health departments put out an alert over the 24-hour emergency contacting system that an outbreak of botulinum is suspected.

8:00 am The Exercise Begins

The ED has now received a total of 10 patients in the ED with symptoms of foodborne illness, and more patients continue to arrive with similar symptoms. A few have been seen and discharged. Three more patients have developed respiratory depression and descending paralysis and have required mechanical ventilation and ICU admission. The hospital does not have enough ICU beds and has a limited supply of ventilators. You are holding patients waiting to be admitted in the ED and this is severely taxing the ED resources.

- ☐ **When and by whom is the high census plan or procedure activated to free up or add patient beds to accommodate multiple admissions?**
- ☐ **How does the hospital assess, triage, and determine the allocation of scarce resources (ventilators) when confronted by this public health emergency?**
- ☐ **How does the hospital procure additional scarce resources (e.g. ventilators, staffing, inpatient beds, emergency department beds)?**
- ☐ **What are the infection control implications?**

9-1-1 calls begin flooding into dispatch, requesting ambulance transport for multiple family members reporting nausea and weakness. One call reports “person down, not breathing” and EMS is immediately dispatched to that location. The Dispatcher is noticing a definite trend in the calls but does not know what it means.

- ☐ **Should the dispatcher notify anyone of the trend in calls?**
- ☐ **Are there any other procedures that should be activated by EMS/ambulance dispatch?**
- ☐ **What infection control precautions are needed for EMS providers?**

Serum and stool specimens are obtained from the suspect cases and forwarded to the hospital laboratory. The hospital laboratory forwards them to the local public health laboratory for processing through the Laboratory Response Network.

- ☐ **How does local public health notify the community of a public health emergency and communicate the case definition to the healthcare providers?**
- ☐ **What is the procedure for local public health to mobilize teams of epidemiology and contact tracing investigators to determine and isolate the cause of the outbreak?**
- ☐ **What are the infection control implications of this outbreak?**
- ☐ **How and when does local public health inform the State Department of Health Services of the outbreak?**

The California Poison Control Centers are receiving a high volume of calls from adjacent communities. The callers are reporting symptoms including dizziness, nausea, difficulty swallowing and weakness. In taking a short history from the caller, they report having been at the Thanksgiving Jubilee the night before and report eating at the local venues and restaurants. The Poison Control Centers report the trend of callers to local public health.

- ☐ **Does local public health have a mechanism to receive these calls?**
- ☐ **How does the information from the calls into public health get communicated to the local healthcare providers including hospitals, clinics and MD offices?**

A number of patients are presenting to the local community clinics wanting to see the doctor with complaints of dizziness, weakness and facial drooping. There are several patients that require immediate care at the clinic and 9-1-1 is called to transfer them immediately to the ED. Unfortunately, EMS is overtaxed with calls, and cannot get to the clinics immediately.

- ☐ **What communication mechanism does the clinic have with the acute care hospital to alert them of incoming patients?**
- ☐ **What internal procedure(s) or plan(s) should the clinic activate in this situation?**
- ☐ **What other resources does the clinic require for the patient until EMS can arrive to transport the patients to the acute care hospital?**
- ☐ **How does the clinic communicate with local public health to notify them of the patients and to receive assistance?**

9:00 am

The local public health officer declares a local public health emergency based on presenting symptoms and a high index of suspicion of *C. botulinum, and* on the large (and increasing) number of patients, and the early recognition that additional resources will be needed.

The local health dept Department Operations Center (DOC) and County EOC activate.

9:00 am

A local public health epidemiology investigator arrives at the facility to investigate the report of a possible botulism outbreak. The investigator reports that neighboring hospitals are also reporting a high number of patients presenting with similar symptoms of foodborne illness and that physicians are contacting the public health department for notification and to obtain the botulinum antitoxin.

The Mayor's Office receives an anonymous call claiming responsibility for the botulism outbreak. The call is taken seriously because the Mayor's office is aware of the public health emergency, but the information has not yet been released to the public. The caller states that the food supply was deliberately contaminated with *C. botulinum* as an act of terrorism and more contamination could be expected. Local law enforcement is immediately notified and the local FBI contacted. Media has already begun to ask questions and is demanding information at the hospitals.

A decision is made advise the public of the event and to provide public alerts on all media, including television and radio to inform the public. These messages must be well scripted and not evoke public panic.

Considerations and decisions:

- ☐ **What information should be presented to the public?**
- ☐ **What instructions should the public be given?**
- ☐ **Does your agency or hospital have pre-scripted risk communication messages for this public health emergency? If not, what is your process for quickly developing these messages?**
- ☐ **What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials?**
- ☐ **What community or governmental agencies should participate in the press conferences? (public health, hospital officials, local government, physicians)**
- ☐ **Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision?**
- ☐ **How often should the press conferences be scheduled?**
- ☐ **Where will the press conferences be convened within the community? Who decides the location?**
- ☐ **Who is the "lead" agency for the press conferences?**

Because the event has a terrorism component, local AND national media are intent on "scooping" the story and media are quickly arriving at hospitals, clinics and the local health department to interview staff and victims. In addition, the State Public Health Department is receiving multiple calls and media inquiries.

A press conference is scheduled for 10:00 am with the Mayor, the public health officer, appropriate hospital and clinic representatives and local public safety officials.

9:05 am

The Operational Area (OA) is reporting the following statistics:

(Note: Please customize the OA statistics to simulate mass casualty event and capacity overload. Participants may also simulate the statistics to meet individual needs for exercise play.)

Statistics for the Operational Area (county):

Number of patients admitted with suspected botulism: _____

Number of patients waiting to be seen: _____

Estimated number of persons that may require hospitalization (potential exposures): ___ _____

Number of deceased: _____

10:00 am

The State laboratory confirms *C. botulinum* from the patient samples sent from the local public health department(s). This information is quickly distributed to healthcare providers and the media.

The Press Conference begins. It is announced to the media and the public that there is an outbreak of *C. botulinum* in the community.

The case definition is:

- Systemic flaccid paralysis, starting in and involving the cranial nerves;
- Epidemiological link with the Thanksgiving Jubilee or with other suspect cases in the outbreak, or isolation of toxin in the bloodstream in a patient with the above symptoms.
- Other supporting factors:
    - EMG consistent with botulism and epidemiological link to the outbreak
    - Muscle symptoms consistent with botulism

10:15 am

The Medical and Health Operational Area Coordinator (MHOAC) continues to call hospitals for status reports, bed availability and critical issues.

The intensive care unit(s) within the hospital is at capacity and there are no additional Intensive Care Unit (ICU) beds. The ED is holding _____ numbers (insert appropriate number of ED patients to increase strain on resources) of patients awaiting inpatient beds, including ICU, telemetry and medical-surgical.

Staffs in hospitals, clinics and EMS provider agencies are beginning to call in sick for their upcoming shifts. These staff attended the Jubilee, have family members who are ill, or are

afraid to come to work. Several on-duty hospital staff have become ill with symptoms of foodborne illness and are reporting to the ED for care.

High census plans are activated and all patients assessed for possible discharge or transfer, all elective surgeries and procedures are cancelled (patients have also been calling the hospitals and outpatient surgery clinics to cancel their surgeries because of fear of coming to the hospital).

To respond to the surge of patients, plans to augment staff and maximize current staffing resources are activated, including:

- ✓ Activation of call-back of staff
- ✓ Alteration of shift times, including implementation of 12-16-hour shifts
- ✓ Pre-scheduling staff to alternate shifts (a.m., p.m., noc) to maximize allocation of current resources and ensure 24-hour-a-day staffing

The influx of patients presenting to the ED continues in a steady stream, overwhelming resources, including staff (all levels of healthcare providers), lack of ED space, patient care equipment (gurneys, oximeters, ventilators, oxygen sources) and supplies (medications, patient care supplies).

- ☐ **What procedures or plans does the hospital have to expand treatment area space?**
- ☐ **If you received a Casualty Management Shelter from the HRSA funds, set the tent up and utilize it in the exercise.**
- ☐ **What is the procedure for exempting the facility from DHS licensing and certification for the nurse staffing ratios during this emergency?**
- ☐ **What additional areas within or outside of your facility can be used to provide patient care?**
- ☐ **What is your procedure for notifying DHS Licensing and Certification about plans to utilize alternate care sites?**

Local public health has mobilized teams of epidemiology investigators to determine the mechanism of the outbreak and they are arriving at the hospitals. They ask to interview patients and families immediately.

- ☐ **What identification and information will you need from the public health investigators on arrival to the hospital?**
- ☐ **What access will the investigators have to hospital records?**

_____ number (*Insert number to stress the facility and coroner system*) of patients have died and are awaiting coroner to investigate and remove the bodies. The hospital must identify a secure area to hold the bodies until they arrive. Law enforcement and FBI are at the hospital demanding to interview victims, families and review medical records.

- ☐ **What is your hospital policy on interacting with law enforcement, evidence collection, and protecting patient privacy?**
- ☐ **Where will you stage law enforcement officials within your facility to allow for**

interviews but not congest patient care areas?

- ☐ **What is the back up plan to store bodies when the morgue is not adequate size or capacity?**
- ☐ **Are the bodies considered "contaminated", and if so, what special precautions should be taken for disposition of remains?**

EMS continues to report an increased volume of 911 calls requiring transport to the hospital. The hospitals have been on and off diversion for the last few hours. Now, all diversion has been suspended by the local EMS Agency (LEMSA) due to the public health emergency, and all hospitals are taking ambulance traffic. With the volume of 911 calls requiring ambulance transport and high ED and inpatient censuses, EMS providers are greatly delayed in delivering the patient and transferring the care of the patient to the hospital staff upon arrival, resulting in decreased availability of EMS responders to 911 calls.

Since the press briefing and media alerts, the public that attended the Thanksgiving Jubilee are flocking to clinics and MD offices, demanding to be treated even if they have no symptoms. They are demanding to be seen "just in case". Security of the clinic has become a critical issue that must be addressed immediately.

- ☐ **What internal policies and procedures does the clinic have for security and containing the influx of patients into the facility?**
- ☐ **What agencies can be contacted to provide additional security for critical clinic facilities?**
- ☐ **What community resources can be utilized to assist in patient management, including mental health issues?**

10:30 am

A supply of botulinum antitoxin arrives at the local public health department for distribution to the hospitals. The county has only received _____ doses of antitoxin. Local public health must determine what patients will receive the antitoxin and distribute the medication to the facilities.

- ☐ **How will hospitals communicate their need for antitoxin to the local health department? Which patients will receive the antitoxin?**
- ☐ **How will the local public health department communicate the decisions on antitoxin to the hospitals and to the public?**
- ☐ **How is your organization dealing with the mental health concerns of the staff and the public?**

Botulism does not spread from person to person, but patients will need weeks to months of supportive care before recovery, most requiring respiratory support. Scarce resources and patient management will be long-term issues for the facility and the community.

- ☐ **What are the long term implications of this outbreak for your organization and your community?**
- ☐ **What recovery and mitigation efforts can you take now to reduce the impact of this event?**

- ☐ **As an acute care facility, have you integrated ancillary care facilities into your plans to accommodate a surge of patients?**

- ☐ **As an ancillary care facility (e.g. skilled nursing facility), does your emergency management plan integrate and coordinate with acute care facilities to accommodate a surge of long-term care patients in the community?**

Hospitals, clinics, EMS and local public health construct contingency plans to address the upcoming critical shortages. Vendors are contacted to provide the additional supplies and equipment.

Considerations and possible actions:

- ☐ **Activate current processes and procedures to procure essential resources needed currently and within 12 hours.**
- ☐ **Is there a plan to ration resources?**
- ☐ **What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources?**
  - o **Intra-hospital resources**
  - o **Inter-hospital resources**
  - o **Community resources, including city and county**
  - o **County resources, including the MHOAC in the EOC**
  - o **Others**
- ☐ **What are the proper channels of communication and who or what agency is contacted to obtain those resources?**
- ☐ **What non-medical resources may be needed in the event? (i.e. security, law enforcement, sanitation, water, transportation)**

11:00 am

The press conference has spurred an overwhelming number of phone calls, both landline and cellular coming into and going out of the community. Local phone lines and cell sites are unable to accommodate the surge of calls and the phone systems go down. The loss of phone lines also interrupts communications with the California Health Alert Network (CAHAN). The hospitals, clinics, EMS providers and public health and county EOC are unable to place or receive calls.

Auxiliary Communication Systems (ACS) plans are activated. Local ACS members respond to provide critical communications as per current plans and procedures. (Note: the ACS Exercise Guidebook can be downloaded from the website at www.emsa.ca.gov.) This ACS Exercise Guidebook provides two-way messages from the region to the state. The focus of the two-way messages is to encourage traffic between the Operational Areas to the Region and Region to State. However, local ACS provider may utilize the messages to stimulate traffic among healthcare providers (hospitals, EMS, clinics, etc.) and the OA EOC or other appropriate agencies.

- ☐ **What other redundant communication systems exist at the facility, agency and local level to continue communications during the declared public health emergency?**

11:15 am

Local public health officials announce that the cause of the outbreak of *C. botulinum* is from salad bars in restaurants and open venues at the Jubilee. It is determined that this was terrorism related and the public is warned to take all precautions for food safety.

11:30 am

Phone service has been reestablished in the area. However, the phone company has stated that service may be intermittent due to volume.

- ☐ **What decisions should be made about maintaining the ACS communication functions?**

.

All facilities, agencies and providers report status to the OA. The OA and EOC compile the reports, enter information into RIMS and place mission requests as appropriate.

The Regional Emergency Operations Center (REOC) begins to receive reports from the OA and relays the information and resource requests to the Joint Emergency Operations Center (JEOC) and the State Operations Center.

12:00 pm THE EXERCISE ENDS

INTENT TO PARTICIPATE
For ACS, CARES, and RACES Providers

This form must be faxed to the Operational Area (County) Medical/Health Exercise Contact by Friday, September 24, 2004. (See page 27 for Exercise Contacts)

Name of
ACS Association: _____

ACS Exercise Contact: _____

County/Area/Facility Served: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

Call Sign: _____

Frequencies: _____

Please check appropriate box for your ACS association/agency participation in the Statewide Exercise, November 18, 2004.

- ❑ Will participate
- ❑ Will not participate

Please fax this form to the Operational Area (County) Medical/Health Exercise Contact (see page 27 in this manual) by **September 24, 2004**.

Auxiliary Communications Systems

Important Information in Exercise Conduct

Master Sequence of Events List

The Master Sequence of Events List (MSELS) was developed to stimulate two-way transmission traffic and messaging and provide examples of the messages during the November 18th Statewide Medical and Health Disaster Exercise.

- ✓ The MSEL messages are intended for ACS exercise play and can be used for region to state transmissions, or the messages can be used in the operational area between providers.
  - o The MSEL messages script two-way messaging, and have "message from" and "message to" columns to assist ACS providers in simulating play. You will note that there are some messages that script the "from" and "to" play. These are messages that will be transmitted from or by CDHS/CARES to the Richmond Lab Emergency Operations Center.
  - o In the event a region is not participating in the exercise, the OA may take on the role of the region and transmit traffic about the Operational Area (OA) to the state.
  - o These messages may be utilized within the OA, if desired, to stimulate two-way communications between healthcare providers and the OA, or between the OA and the region.
  - o These MSEL messages are designed to stimulate exercise play, but can be changed and added to according to the needs of the ACS providers.

- ✓ In the scenario, (Exercise Guidebook, page 14) the phone systems do not mal-function until 11:30 am in the exercise play. However, ACS exercise play will begin at 8:00 am and continue until 12:00 pm utilizing the MSELS and two-way messaging.

- ✓ Every hour, CDHS will transmit the **"break message"** to ACS participating providers announcing that this is only a drill.

- ✓ Should a "real time" emergency occur during this exercise, CDHS/CARES will announce ***"TIME OUT—All exercise activities stop!"*** This will be repeated three times. All transmissions and activities should cease if you hear this message. You will be given other instructions and information at that time.

Thank you for participating in the ACS Exercise!!!

MASTER SEQUENCE OF EVENTS

Message #	Message From	Message To	Message	Time Sent/ Received From
1 Break message Transmitted every hour during the exercise	California Department of Health Services (CDHS) OR California Amateur Radio Emergency Services (CARES)	Airwave announcement	This is the California Department of Health Services. We are conducting an emergency preparedness exercise drill from 0800 to 1100 hours today on these frequency/frequencies. All radio traffic on this frequency is for simulation only. This is only a drill. There has not been a terrorism event or an emergency situation. The scenario for this exercise is detailed in the 2004 Exercise Guidebook. The Department of Health Services ACS station is based in Sacramento, California. Please allow us the use of this frequency without interference until 1200 hours. Thank you.	
2			There is an outbreak of botulism in your region. Submit your initial status report at XX hours.	
3	CDHS/CARES	Richmond Lab Emergency Operations Center (RLEOC)	Is the Berkeley lab available for round the clock testing?	
4	RLEOC	CDHS/CARES	Report on the status of the Berkeley Lab for testing: report on the number of specimens for botulinum able to run per hour and laboratory staffing for the next 24 hours.	

Message #	Message From	Message To	Message	Time Sent/ Received From
5			Acute care hospitals in _____ county are requesting a DHS L&S exemption for utilizing non-patient care areas for patient care. Can you assist in transmitting this request and obtaining an exemption?	
6			What critical supplies do you need within the next 8 hours?	
7			Requesting 100 public health nurses to be mobilized to XXX county/region epidemiological investigation and contact tracing.	
8	CDHS/CARES	RLEOC	Notification that CHP is transporting approximately 100 blood specimens to your location for testing for botulinum. These specimens are coming from Sacramento. ETA: 2 hours.	
9			Update the report in on the current status of the XX Operational Area/region	
10	CDHS/CARES	Airwave Announcement	ANNOUNCE BREAK MESSAGE AS IN #1	
11			The JEOC is working on the request for 50 ventilators and within 30 minutes we will report on status.	
12			Notifying the State that the XXX OA EOC has been activated and is fully staff.	
13			The public is panicking in the county. The local health department is putting together a message for PIO, but need information from CDHS on statewide message.	

Message #	Message From	Message To	Message	Time Sent/ Received From
14			The Governor will be touring the area and will want a tour of the EOC and to speak with key responders. He will be landing at a nearby airfield in 2 hours and wants to be escorted to the EOC by county officials.	
15			DHS L&C has granted the exemption request for the acute care hospitals in XXX county to utilize alternate care sites within the facilities. Documentation must be submitted to the local DHS staff ASAP with the reason for exemption and areas within the hospital to be utilized.	
16			Additional 50 lab staff can be sent to Richmond lab. Can they be transported in the Governor's helicopter to expedite travel?	
17			Update report from Region/OA on current status. Note: it is acceptable to transmit partial reports now and then update later.	
18			The Governor's helicopter can take 3 additional personnel. CNG will be able to transport an additional 12 lab staff in a helicopter within 3 hours.	
19	CDHS/CARES	Airwave Transmission	TRANSMIT BREAK MESSAGE AS IN MESSAGE #1	

Time	Message From	Message To	Message	Time Sent/ Received from
20			We have 100 volunteer doctors and nurses standing by in Las Vegas, Nevada awaiting transport to XX Operational Area. CNG is working on air transport for them.	
21			The JEOC has mobilized 100 volunteer doctors and nurses standing by in Las Vegas, Nevada awaiting transport to your XX OA/region. CNG is working on air transport for the volunteers and will have them on the ground by 1400 hours. Where will they be staged in your OA/region?	
22			Follow up on the request for 50 ventilators. The JEOC is mobilizing 30 ventilators to your area for local prioritization of use, ETA 1 hour. We are working on the other 20 requested.	
23			The Governor has proclaimed you county a disaster area and federal assistance is being requested. The Strategic National Stockpile (SNS) has been requested for ventilators, patient care supplies and botulinum antitoxin.	
24			Providing update on current status, critical needs, bed counts now.	
25			Botulinum antitoxin is needed immediately. There are 12 cases of confirmed botulinum and the patients are critical and need the antitoxin. What is the ETA on receiving the antitoxin?	

Time	Message From	Message To	Message	Time Sent/ Received from
26	CDHS	RLEOC	There are requests from counties across the state for botulinum antitoxin. How many doses do you have immediate access to and when can those doses be mobilized?	
27	CDHS/CARES	All ACS providers	This concludes the exercise simulation for November 18, 2004. There has been no actual disaster or event. We appreciate that other ACS have allowed us the use of this frequency during this disaster drill. Thank you all for your participation. This is XXX signing off.	

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
Auxiliary Communication Systems Guidebook
November 18, 2004

ACS, Amateur Radio, CARES and RACES
MASTER ANSWER SHEET

Complete this **Master Answer Sheet** for responses to the ACS, Amateur Radio, CARES and RACES Exercise Evaluation Questions and mail **only this page** to the address below.

Organization Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

1.	**a b c d e f g**	**8.**	**a b c**
2.	**a b c d**	**9.**	**a b c**
3.	**a b c d**	**10.**	**a b c**
4.	**a b c d**	**11.**	**a b c**
5.	**a b c**	**12.**	**a b c**
6.	**a b c**	**13.**	**a b c d**
7.	**a b c**	**14.**	**a b c d**
		15.	**Comments?**

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by December 10, 2004 to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Disaster Exercise

ACS, AMATEUR RADIO, CARES and RACES
EXERCISE EVALUATION QUESTIONS
This form is to be completed by each participating radio provider.

Please use the attached **Master Answer Sheet** (page 19) when recording your responses. Certificates of Participation will be provided only upon receipt of the 2004 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your organization is located (Listed on page 33).
   - A. Region I
   - B. Region II
   - C. Region III
   - D. Region IV
   - E. Region V
   - F. Region VI
   - G. Don't Know

2. Please circle the single best answer that describes your organization.
   - A. ACS Radio Volunteer
   - B. CARES
   - C. RACES
   - D. Other: (specify) _____

3. Did you provide ACS services at a hospital or healthcare provider agency?
   - A. Yes
   - B. No
   - C. Not applicable
   - D. Don't know

4. If yes to #3 above, did you provide both internal and external communications for the hospital or healthcare provider agency?
   - A. Internal Communications Only
   - B. External Communications Only
   - C. Both Internal and External Communications
   - D. Other: _____

5. Did you activate your Emergency Management Plan during the exercise?
   - A. Yes
   - B. No
   - C. Don't know

6. Does your Emergency Management Plan utilize the Incident Command System (ICS)?
   - A. Yes
   - B. No
   - C. Don't know

ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION QUESTIONS (continued)

7. Did you educate the hospitals and operators in your area about the frequencies, information packet and protocols pre-exercise?
   A. Yes
   B. No
   C. Don't know

8. Did you coordinate, pre-exercise, with local amateur radio operators on frequencies and protocols to use during the November 18th exercise?
   A. Yes
   B. No
   C. Don't know

9. Were two way messages communicated and received?
   A. Yes
   B. No
   C. Don't know

10. Was the transmitted data received and accepted?
   A. Yes
   B. No
   C. Don't know

11. Did you activate the regional/statewide network voice systems during the exercise?
   A. Yes
   B. No
   C. Don't know

12. Were frequencies and channels open and available for transmission during the exercise?
   A. Yes
   B. No
   C. Don't Know

13. How would you evaluate your organization's response to the event and initiation of the Emergency Management Plan (EMP)?
   A. Excellent, no changes needed in the EMP.
   B. Good, minor changes in the system/EMP identified.
   C. Fair, moderate changes needed in the system/EMP identified.
   D. Needs improvement, substantial EMP review and changes identified.

ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION QUESTIONS (continued)

14. In general, were you satisfied with the November 18th Statewide exercise?
    A. Yes
    B. No
    C. Don't know
    D. N/A

15. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We appreciate your feedback!

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Disaster Exercise

Glossary of Terms

Auxiliary Communications Services (ACS)	The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications. ACS works with agencies and cities within the Operational Area, neighboring governments and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response and recovery with telecommunications resources and personnel. **CARES: California Amateur Radio Emergency Services** CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government. **RACES: Radio Amateur Civilian Emergency Services** RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a radio officer; 2) preparing a RACES plan; and 3) training and utilizing FCC licensed amateur radio operators. RACES, whether part of an ACS or as a stand alone unit, is usually attached to a state or local government's emergency preparedness office or to a department designated by that office, such as the sheriff's or communications department.
Bioterrorism	The intentional or threatened use of viruses, bacteria, fungi or toxins from living organisms to produce death or disease in humans, animals or plants.
Botulism	Botulism is a muscle-paralyzing disease caused by a toxin made by a bacterium called *Clostridium botulinum*. **There are three main kinds of botulism:** • Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient. • Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract. • Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin.
Disease Surveillance	In epidemiology and public health, the identification of index patients and their contacts; the detection of outbreaks and epidemics; the determination of the incidence and demographics of an illness; and the policy-making that may prevent further spreading of disease.

Glossary of Terms

Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, an earthquake or volcanic eruption.
Emergency Management	The organized analysis, planning, decision making, assignment and coordination of available resources to the mitigation of, preparedness for, response to or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.
Epidemic	An infectious disease or condition that attacks many people at the same time in the same geographical area.
Epidemiology	The study of the distribution and determinants of health-related states and events in populations, and the application of this study to the control of health problems. Epidemiology is concerned with the traditional study of epidemic diseases caused by infectious agents, and with health-related phenomena.
Exercise	**Functional:** The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages. **Full Scale:** This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized. **Tabletop:** An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress. **Communications:** The communications exercise is designed to test and evaluate communication systems, including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell and satellite systems, among others.

Glossary of Terms

Hospital Emergency Incident Command System (HEICS)	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMSA website at www.emsa.ca.gov.
Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept is specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, with the responsibility of managing resources to effectively accomplish stated objectives pertinent to an incident.
Incubation Period	The interval between exposure to infection and the appearance of the first symptom.
Index Patient	An instance of a disease or a genetically determined condition that is discovered first and leads to the discovery of others in a family or population.
Isolation	The physical separation of infected or contaminated organisms from others to prevent or limit the transmission of disease. In contrast, quarantine applies to restriction on healthy contacts of an infectious agent.
Joint Emergency Operations Center (JEOC)	A unified operations center established by the State Emergency Medical Services Authority and Department of Health Services to manage the State-level medical and health response to disasters, including the use of state resources.
Long-Term Care Facilities	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division licenses these facilities.
Mass Prophylaxis	The provision of medications and/or vaccines to large numbers of the public to prevent or treat an infectious disease.
Medical and Health Operational Area Coordinator (MHOAC)	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
NIMS	The National Incident Management System, developed under Homeland Security Presidential Directive 5, provides a consistent nationwide approach for federal, state, local and tribal governments to work effectively to prepare for, respond to and recover form domestic incidents.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.

Glossary of Terms

Pandemic	A disease affecting the majority of the population of a large region or one that is epidemic at the same time in many different parts of the world.
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, which are responsive to the needs of the operational areas and coordinates with the State Operations Center.
Regional Disaster Medical and Health Coordinators (RDMHC)	At the regional level, EMSA and DHS jointly appoint Regional Disaster Medical and Health Coordinator (RDMHC) whose responsibilities include supporting the mutual aid requests of the OADMHC for disaster response within the region and providing mutual aid support to other areas of the state in support of the state medical response system. The RDMHC also serves as an information source to the state medical and health response system.
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command System and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one REOC is opened. The SOC establishes overall response priorities and coordinates with federal responders.

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT INFORMATION
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Operational Area (County) Medical/Health Exercise Contacts

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Operational Area (County) Medical/Health Exercise Contacts

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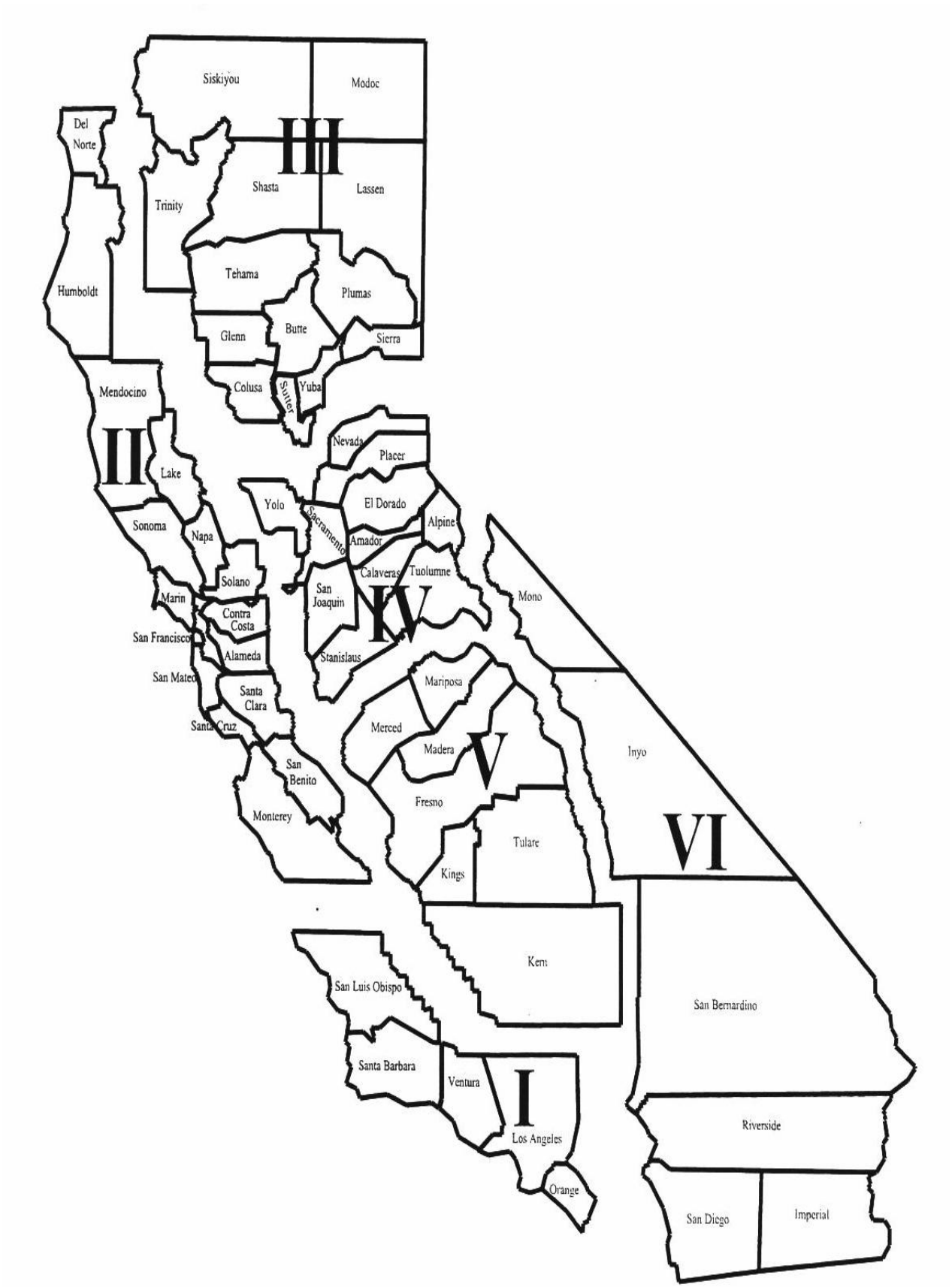
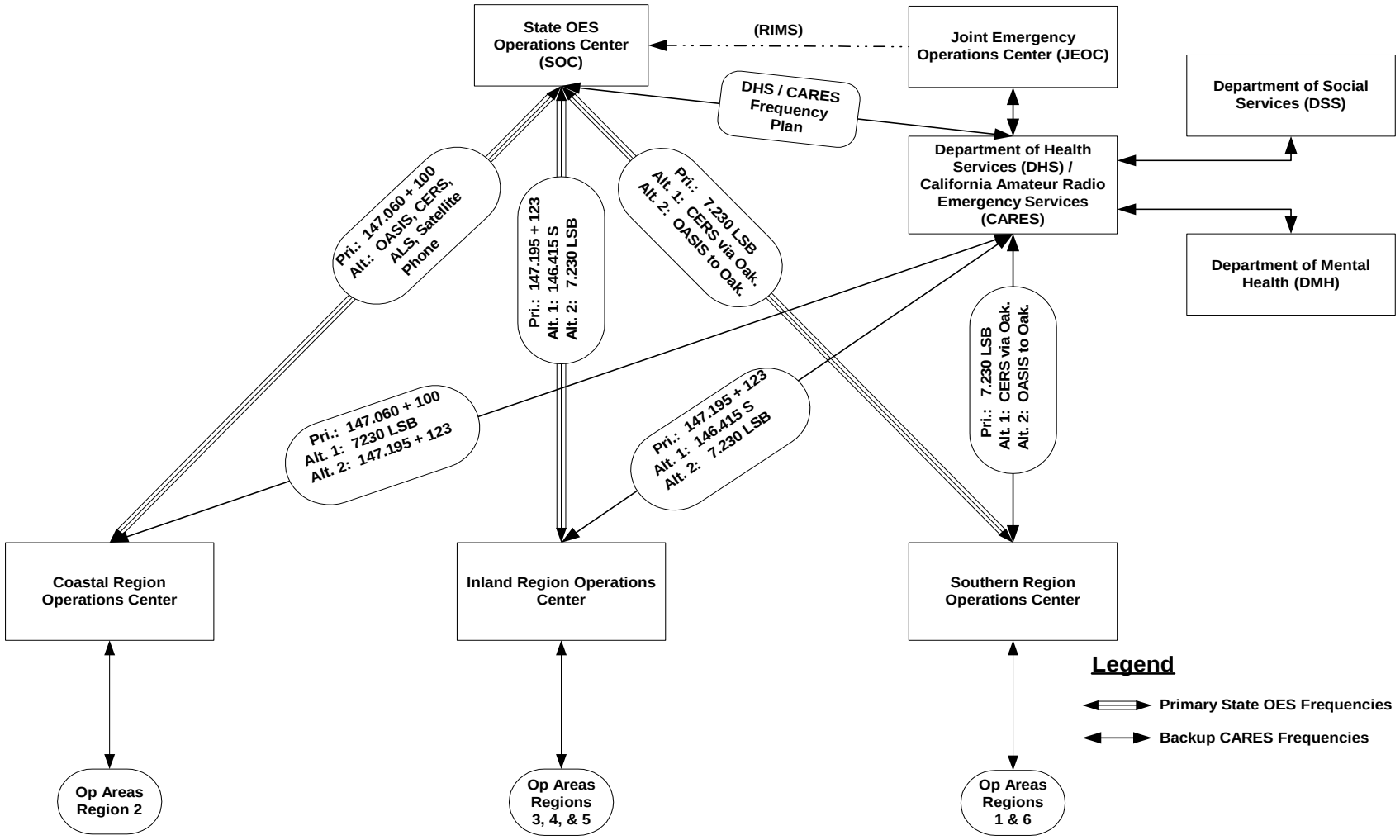
OES Mutual Aid Regions



ACS

Frequencies

State of California Auxiliary Communication Service (ACS) Network Plan



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